

## INFANT/CHILD DEATH INVESTIGATION

### Assessment Tool

#### GENERAL INVESTIGATION INFORMATION

Case No: \_\_\_\_\_ Date: \_\_\_\_\_ Lead Investigator: \_\_\_\_\_

Informant: \_\_\_\_\_ ☐ Personal Interview ☐ Phone Interview

Was there a scene investigation? ☐ Yes ☐ No, Explain: \_\_\_\_\_

Infant/child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Police Agency, If any: \_\_\_\_\_ Case No.: \_\_\_\_\_

Investigator: \_\_\_\_\_

Mother's Name and Age: \_\_\_\_\_

Father's Name and Age: \_\_\_\_\_

Have the following agencies been notified of this death? Law Enforcement ☐ Yes ☐ No;

D.A. ☐ Yes ☐ No; DHR ☐ Yes ☐ No; Coroner ☐ Yes ☐ No; M.E. ☐ Yes ☐ No

Has there been any prior DHR involvement? ☐ Yes (Give Case No.: \_\_\_\_\_) ☐ No

Describe DHR involvement: \_\_\_\_\_

#### LOCATION, CARE GIVER, TIME AND RESUSCITATION ATTEMPTS

Location: ☐ Mother's home; ☐ Babysitter's; ☐ Day Care; ☐ Foster Care; Other: \_\_\_\_\_

If **Babysitter's**, what is the relationship of the infant/child? \_\_\_\_\_

If **Day Care**, what is the name of the facility? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person(s) in charge: \_\_\_\_\_

License No.: \_\_\_\_\_ No. of children and age range: \_\_\_\_\_

If **Foster Care**, what are the foster parent's names: \_\_\_\_\_

Reason for placement: \_\_\_\_\_

Authorizing agency: \_\_\_\_\_ Case No.: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Other comments: \_\_\_\_\_

## INFANT/CHILD DEATH INVESTIGATION

Type of Residence: ☐House; ☐Apartment; ☐Multiplex; ☐Mobile home; Other: \_\_\_\_\_

Comments on general housing condition: \_\_\_\_\_

Room where infant/child found: ☐Infant/child's room; ☐Parent's room; Other: \_\_\_\_\_

Time of death: \_\_\_\_\_ Date last seen: \_\_\_\_\_ Last seen by: \_\_\_\_\_

Date discovered: \_\_\_\_\_ Discovered by: \_\_\_\_\_

Caregiver(s) at time of death: ☐Parents, If so, which? ☐Mother or ☐Father; ☐Other

If other, please list name and relationship: \_\_\_\_\_

Usual caregiver(s): ☐Mother only; ☐Mother and Father; Other: \_\_\_\_\_

Location of caregiver(s) between time last seen and discovery time: \_\_\_\_\_

Other person(s) present in residence at time of death and their relationship to infant/child: \_\_\_\_\_

Resuscitation attempted? ☐Yes ☐No; Why: \_\_\_\_\_

☐Caregiver; ☐Paramedics; ☐Hospital Physicians; ☐Other

If **Caregiver or Other**, Person(s) attempting resuscitation: \_\_\_\_\_

Medical training: \_\_\_\_\_

If **Paramedics**, Medic agency and unit responding: \_\_\_\_\_

Arrival time and condition of infant/child on arrival: \_\_\_\_\_

If **Hospital**, name of hospital: \_\_\_\_\_

Method of transport: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Attending physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Hospital social worker: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INFANT/CHILD DEATH INVESTIGATION

### DESCRIPTION OF INFANT/CHILD

Location of infant/child at time of arrival: \_\_\_\_\_

Describe movement, if any, prior to coroner's arrival: \_\_\_\_\_

**Clothing:** ☐ Intact; ☐ Removed, Person removing clothing: \_\_\_\_\_

Describe clothing: \_\_\_\_\_

**General Appearance:** ☐ Healthy; ☐ Sick; ☐ Malnourished; ☐ Neglected; ☐ Injured

Other: \_\_\_\_\_

**Livor:** ☐ Consistent with found position; ☐ Fixed; ☐ Non-fixed

☐ Anterior; ☐ Posterior; ☐ Purple; Other color: \_\_\_\_\_

Describe any abnormalities: \_\_\_\_\_

**Rigor:** ☐ Upper extremities; ☐ Lower extremities; ☐ Consistent with found position

Describe any abnormalities: \_\_\_\_\_

**Body Temperature:** ☐ Cool to touch; ☐ Warm to touch; Room Temp. (if measured): \_\_\_\_\_ °F

Describe any abnormalities: \_\_\_\_\_

**Eyes:** ☐ Normal; ☐ Petechiae; ☐ Sunken; ☐ Jaundiced; Other: \_\_\_\_\_

Describe any abnormalities: \_\_\_\_\_

**Mouth and Nose:** ☐ Normal; ☐ Clear fluid; ☐ Froth; ☐ Bloody fluid; Other: \_\_\_\_\_

Describe any abnormalities: \_\_\_\_\_

**Trunk and Extremities:** ☐ Normal; ☐ Developmental abnormalities; ☐ Injuries; Other: \_\_\_\_\_

Describe any abnormalities: \_\_\_\_\_

**Diaper Area:** ☐ Feces in diaper; ☐ Diaper rash; ☐ Clean, no rash; Other: \_\_\_\_\_

Describe any abnormalities: \_\_\_\_\_

**Evidence of Therapy:** ☐ None; ☐ Endotracheal tube; ☐ Naso (oro) gastric tube; ☐ EKG Pads

☐ Chest bruise; ☐ Defibrillator marks; ☐ Intraosseous catheter (where: \_\_\_\_\_)

☐ Needle puncture sites (location: \_\_\_\_\_)

☐ Intravenous catheters (location: \_\_\_\_\_)

☐ Other: \_\_\_\_\_

**Evidence of Injury:** ☐ None; ☐ Injuries observed; Brief description of injuries: \_\_\_\_\_

## INFANT/CHILD DEATH INVESTIGATION

### ENVIRONMENTAL CONDITIONS

**Housekeeping:** ☐ Clean, neat; ☐ Clean, cluttered; ☐ Unclean; ☐ Filthy

Comments: \_\_\_\_\_

**Temperature:** Outside: \_\_\_\_\_ °F; At thermostat: \_\_\_\_\_ °F

Comments: \_\_\_\_\_

**Heating/AC:** ☐ No heating system; ☐ Gas; ☐ Electric; ☐ Forced air; ☐ Portable heater; ☐ Other  
☐ No air conditioning; ☐ Central air; ☐ Window unit; ☐ Fan only; ☐ Other

Describe any obvious defects in H/AC: \_\_\_\_\_

**Chemical fumes:** Describe any recent painting, spraying or pest extermination in or about the residence: \_\_\_\_\_  
\_\_\_\_\_

**Smoking:** Is there any smoking in the residence? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**Pets:** Are there any pets in the residence? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

### CONDITIONS IN ROOM WHERE INFANT/CHILD WAS

**Ventilation:** ☐ Adequate; ☐ Stuffy; ☐ Drafty; Other: \_\_\_\_\_

Number of windows: \_\_\_\_\_ Number of windows open, if any: \_\_\_\_\_

Comments: \_\_\_\_\_

**Floor:** ☐ Carpet; ☐ Linoleum; ☐ Hardwood; Other: \_\_\_\_\_

Other notable features in room: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INFANT/CHILD DEATH INVESTIGATION

### SLEEPING CONDITIONS

**Type of Bed:** Where was infant/child found dead? ☐ Crib/Bassinet; ☐ Cradle; ☐ Infant/child carrier/stroller; ☐ Playpen; ☐ Child Bed; ☐ Adult bed, size: \_\_\_\_\_; ☐ Couch/Sofa;

☐ Mattress on floor; ☐ Makeshift bed, describe: \_\_\_\_\_

Other product designed for infant/children — include manufacturer, model, and size of product: \_\_\_\_\_

Construction of sides of bed: \_\_\_\_\_

**Condition of Bed:** ☐ Good; ☐ Adequate; ☐ Poor; ☐ Obvious defects

Describe any defects: \_\_\_\_\_

If infant/child was found in bed not designed for infant/child/child sleeping, is there proper bedding available in the home? ☐ Yes ☐ No, explain: \_\_\_\_\_

**Bedding:** What material was the infant/child sleeping on?

Describe in order from TOP to BOTTOM each layer the infant/child was sleeping on:

Material: \_\_\_\_\_ Thickness: \_\_\_\_\_ Soft: \_\_\_\_\_ Average: \_\_\_\_\_ Firm: \_\_\_\_\_

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Describe any material and its thickness on or covering infant/child/child: \_\_\_\_\_

Was infant/child's head covered? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

Side cushions in bed? ☐ Yes ☐ No;

Other items in bed around infant/child? ☐ Yes ☐ No

Describe items in bed: \_\_\_\_\_

## INFANT/CHILD DEATH INVESTIGATION

Describe stains/secretions on bedding: \_\_\_\_\_

Was infant/child swaddled? ☐ Yes ☐ No ☐ Unknown, if yes, describe: \_\_\_\_\_

**Sleeping position:** Infant/child was put to sleep on: ☐ Back; ☐ Stomach; ☐ Side

Position infant/child was found: ☐ Back; ☐ Stomach; ☐ Side; ☐ Unknown

Was infant/child capable of rolling over? ☐ Yes ☐ No

Orientation of face when found: \_\_\_\_\_

Usual sleeping position: ☐ Back; ☐ Stomach; ☐ Side; ☐ Other

Does caregiver have knowledge of sleep position recommendations? ☐ Yes ☐ No

Source of knowledge: \_\_\_\_\_

Was infant/child sleeping with anyone at time of death? ☐ Yes ☐ No

If yes, was it: ☐ Mother; ☐ Father; ☐ Sibling(s); ☐ Other adult(s); ☐ Other Children

Explain, if applicable: \_\_\_\_\_

Was there direct overlying or wedging of the infant/child? ☐ Yes ☐ No

If yes or maybe, describe: \_\_\_\_\_

\_\_\_\_\_